

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c
Revised: 02/2007

Crash Data

Crash Record Number Reporting Agency's Record Number: 2019-00030673 Page 1 of 16

of Vehicles Involved: 3 # of Non-Motorists Involved: 0 # of Fatal Injuries: 0 # of A B or C Injuries: 3

Date / Time of Crash: 08/09/2019 / 0745 Date / Time Crash Reported: 08/09/2019 / 0746 Time of Arrival: 0806

County: KANAWHA Municipality or Place of Crash: SISSONVILLE GPS Coordinates: Latitude Longitude

Highway Class: ☐ Interstate ☐ US ☐ WV
☒ County/HARP ☐ City Street ☐ State Park / Forest Road
☐ Private Road ☐ Private Property/Off-Roadway ☐ Other

Supplemental Designation: ☐ Not Applicable ☐ Spur ☐ North ☐ East ☐ Truck Route ☐ Other
☐ Alternate ☐ Ramp ☐ South ☐ West ☐ Toll

Route: 021 / 00 Milepost: Ramp: Street: SISSONVILLE DRIVEOther Description of Location: BOX 7014 Intersecting Street:

Relation to Junction / Junction Type:

- ☒ Non-Junction ☐ Junction, Non-Interchange Area ☐ Junction, Interchange Area
- ☐ Intersection ☐ Thru Roadway
☐ Intersection-Related ☐ Merge/Diverge Area
☐ Interstate to Interstate ☐ Intersection
☐ Railroad Grade Crossing #: ☐ Intersection-Related
☐ Median Crossover-Related ☐ Entrance / Exit Ramp
☐ Business or Residential Driveway/Alley Access ☐ Other Part of Interchange
☐ Other Non-Interchange

Intersection Type:

- ☐ 4-Way Intersection
☐ T Intersection
☐ Y Intersection
☐ Intersection as Part of Interchange
☐ Traffic Circle / Roundabout
☐ 5-Point or More

Manner of Collision:

- ☐ Single Vehicle Crash
☐ Rear End
☒ Head-On
☐ Sideswipe, Same Direction
☐ Sideswipe, Opposite Direction
☐ Rear-to-Side
☐ Rear-to-Rear

☐ Angle (Front to Side) Same Direction☐ Right Angle☐ Angle (Front to Side) Opp. Direction☐ Angle - Direction Not Specified

Environmental Contributing Circumstances (Select Up to 3):

- ☒ None
☐ Weather Conditions
☐ Physical Obstruction(s)
☐ Glare
☐ Animal(s) in Roadway
Type:
☐ Other:

Weather (Select Up to 2):

- ☐ Clear ☐ Rain ☐ Blowing Snow ☐ Other
☒ Cloudy ☐ Sleet, Hail, or Freezing Rain ☐ Severe Crosswinds
☐ Fog, Smog, Smoke ☐ Snow ☐ Blowing Sand, Soil, Dirt

Lighting:

- ☒ Daylight ☐ Dawn
☐ Dark - Lighted ☐ Dusk
☐ Dark - Not Lighted ☐ Other

Roadway Surface Condition:

- ☒ Dry ☐ Slush ☐ Mud, Dirt, Gravel, Sand
☐ Wet ☐ Ice / Frost
☐ Snow ☐ Water (Standing / Moving)

Location of First Harmful Event:

- ☒ On Roadway ☐ Roadside ☐ In Parking Lane or Zone ☐ Outside of Right-of-Way
☐ Shoulder ☐ Gore ☐ Off Roadway, Location Unknown
☐ Median ☐ Separator ☐ Unknown

Roadway Surface Type:

- ☒ Asphalt ☐ Concrete ☐ Gravel ☐ Dirt ☐ Brick ☐ Other:

First Harmful Event:

- ☐ Overturn / Rollover
☐ Fire / Explosion
☐ Immersion
☐ Jackknife
☐ Cargo / Equipment Loss or Shift
☐ Fell / Jumped from Motor Veh
☐ Thrown or Falling Object
☐ Other Non-Collision

COLLISION WITH:

- ☐ Pedestrian
☐ Pedalcycle
☐ Railway Vehicle
☐ Animal
☒ Motor Vehicle in Transport
☐ Parked Motor Vehicle
☐ Work Zone / Maintenance Equip
☐ Other Non-Fixed Object
☐ Impact Attenuator / Crash Cushion

- ☐ Bridge Overhead Structure
☐ Bridge Pier or Support
☐ Bridge Rail
☐ Culvert
☐ Curb
☐ Ditch
☐ Embankment
☐ Guardrail Face
☐ Guardrail End
☐ Cable Median Barrier

- ☐ Concrete Traffic Barrier
☐ Other Traffic Barrier
☐ Tree (Standing)
☐ Utility Pole/Light Support
☐ Traffic Sign Support
☐ Traffic Signal Support
☐ Other Post, Pole, or Support
☐ Fence
☐ Mailbox
☐ Other Fixed Object

EXHIBIT

2

COPY

KCS00001

Crash Record Number 		Reporting Agency's Record Number: 2019-00030673		Page 2 of 16	
Road - Contributing Circumstances: (Select Up to 3)					
<input checked="" type="checkbox"/> None <input type="checkbox"/> Road Surface Condition (Wet, Icy, etc.) <input type="checkbox"/> Debris		<input type="checkbox"/> Ruts, Holes, Bumps <input type="checkbox"/> Worn, Travel Polished Surface <input type="checkbox"/> Obstruction in Roadway <input type="checkbox"/> Pavement Markings Not Visible		<input type="checkbox"/> Shoulders <input type="radio"/> None <input type="radio"/> Low <input type="radio"/> Soft <input type="radio"/> High <input type="checkbox"/> Problem w/ Traffic Control Device <input type="radio"/> Inoperative <input type="radio"/> Missing <input type="radio"/> Obscured	
				<input type="checkbox"/> Work Zone <input type="radio"/> Utility <input type="radio"/> Construction <input type="radio"/> Maintenance <input type="checkbox"/> Non-Highway Work <input type="checkbox"/> Other 	
School Bus Related:		School Zone Related:		Type of School Zone Sign:	
<input type="radio"/> No <input type="radio"/> Yes, School Bus Directly Involved <input type="radio"/> Yes, School Bus Indirectly Involved		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> When Present <input type="radio"/> None <input type="radio"/> When Flashing <input type="radio"/> Lists Specific Times	
				School Zone Flashers:	
				<input type="radio"/> Present, Not Active <input type="radio"/> Present, Active <input type="radio"/> Not Present	
				School Zone Speed Limit: 	
Work Zone Related:		Workers Present:		Work Zone Speed Limit:	
<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="text"/>	
				Location of Crash in Work Zone:	
				<input type="radio"/> Before 1st Warning Sign <input type="radio"/> Activity Area <input type="radio"/> Advance Warning Area <input type="radio"/> Termination Area <input type="radio"/> Transition (Merge) Area	
				Type of Work Zone:	
				<input type="radio"/> Lane Closure <input type="radio"/> Intermittent or Moving Work <input type="radio"/> Lane Shift / Crossover <input type="radio"/> Other <input type="radio"/> Work on Shoulder or in Median	

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON FRIDAY, AUGUST 09, 2019 AT APPROXIMATELY 07:46 A.M., I WAS DISPATCHED BY METRO COMMUNICATIONS TO 7014 SISSONVILLE DRIVE IN SISSONVILLE, KANAWHA COUNTY, IN REFERENCE TO A 3-VEHICLE CRASH WITH INJURY.

UPON MY ARRIVAL, I OBSERVED THE FOLLOWING: VEHICLE 1 RESTING IN A CREEK BED ALONG THE RIGHT SHOULDER OF THE ROADWAY (NORTH BOUND LANE); VEHICLE 2 STOPPED IN THE NORTH BOUND LANE OF TRAFFIC, APPROXIMATELY FORTY YARDS NORTH OF WHERE VEHICLE 1 AND VEHICLE 3 WERE LOCATED; AND VEHICLE 3 TO BE STOPPED IN THE NORTH BOUND LANE, WITH IT RESTING SIDEWAYS IN ITS LANE. I EXAMINED THE SCENE AND OBSERVED THE FOLLOWING: MARKINGS FROM VEHICLE 1 TRAVELING FROM NEAR THE CENTER LINE (SOUTH BOUND) IN TO THE NORTH BOUND LANE OF TRAFFIC; DEBRIS FROM VEHICLE 1 AND VEHICLE 3 LYING IN THE NORTH BOUND LANE OF TRAFFIC; TIRE MARKINGS FROM VEHICLE 2, WHICH WERE IN THE NORTH BOUND LANE JUST ABOVE THE DEBRIS LOCATION. I EXAMINED VEHICLE 1 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD TO BE DAMAGED; AND FRONT INSIDE AIRBAG DEPLOYMENT. I EXAMINED VEHICLE 2 AND OBSERVED THE FOLLOWING: THE VEHICLE ITSELF WAS NOT DAMAGED. HOWEVER, THE METAL OPEN FACE STYLE TRAILER'S REAR DRIVER SIDE WHEEL AND TRAILER AREA WAS DAMAGED. I EXAMINED VEHICLE 3 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD DAMAGE; AND INSIDE FRONT AIRBAG DEPLOYMENT. DIGITAL PHOTOGRAPHS OF THE SCENE WERE TAKEN.

VEHICLE 1 WAS TRAVELING SOUTH NEAR 7014 SISSONVILLE DRIVE. VEHICLE 1 TRAVELED LEFT OF CENTER INTO THE NORTH BOUND LANE OF TRAFFIC. VEHICLE 1'S FRONT DRIVER SIDE AREA STRUCK THE REAR DRIVER SIDE TRAILER AREA OF VEHICLE 2. THEN, VEHICLE 1 TRAVELED SOUTH IN THE NORTH BOUND LANE AND THEN ITS FRONT-END IT STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 TRAVELED OFF THE LEFT SIDE OF THE ROADWAY AND CAME TO A REST IN A CREEK BED.

DUE TO INJURIES, DRIVER 1, DRIVER 3, AND PASSENGER 1 (VEHICLE 3) WERE TRANSPORTED FROM THE SCENE TO C.A.M.C. GENERAL HOSPITAL IN CHARLESTON.

WITNESS 1, TERRI CHAPMAN (304-550-8792), PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, SHE STATED THE FOLLOWING: SHE HAD BEEN TRAVELING SOUTH ON SISSONVILLE DRIVE PRIOR TO THE INCIDENT AND OBSERVED IT TO TRAVEL LEFT OF CENTER. THEN, AT THE CRASH LOCATION, SHE OBSERVED VEHICLE 1 TRAVEL LEFT OF CENTER AND STRIKE THE REAR OF VEHICLE 2'S TRAILER. THEN, VEHICLE 1 PROCEEDED TO TRAVEL SOUTH IN THE NORTH BOUND LANE. VEHICLE 1 STRUCK THE FRONT OF VEHICLE 3 AND THEN LANDED IN THE CREEK.

WITNESS 2, RYAN WHITE (304-541-8505), PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, HE STATED THE FOLLOWING: AS HE WAS TRAVELING NORTH ON SISSONVILLE DRIVE, HE OBSERVED VEHICLE 1 TRAVEL ACROSS THE CENTER LINE AND STRIKE VEHICLE 2'S TRAILER. THEN, VEHICLE 1 CONTINUED SOUTH IN THE NORTH BOUND LANE AND STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 CAME TO A REST IN THE CREEK.

VEHICLE 1, VEHICLE 2'S TRAILER, AND VEHICLE 3 WERE TOWED FROM THE SCENE BY CHARLESTON AUTO. THEY WERE TOWED TO THEIR LOT IN SISSONVILLE.

I CLEARED FROM THE SCENE AND TRAVELED TO C.A.M.C. GENERAL HOSPITAL. UPON MY ARRIVAL, I OBTAINED AN AUDIO-RECORDED STATEMENT WITH DRIVER 3. ALSO, I OBTAINED AN AUDIO-RECORDED STATEMENT FROM PASSENGER 1 OF VEHICLE 3. HOWEVER, DUE TO DRIVER 1'S MEDICAL CONDITION (S.T.I.C.U. FLOOR), I WAS UNABLE TO OBTAIN A RECORDED STATEMENT.

Reported By:		Photos Taken:		By Whom:	
<input type="radio"/> State Police <input checked="" type="radio"/> Sheriff's Dept <input type="radio"/> Municipal PD <input type="radio"/> Other		<input checked="" type="radio"/> Yes <input type="radio"/> No		J. W. EARY	
		Video Taped:		By Whom:	
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
The information contained in this report reflects my best knowledge and judgment:					
Investigating Officer's Name:		Number:		Signature:	
J.L. MILLER		64			
Phone:		ORI Number:		Agency:	
(304) 357-0169		WV0200000		Kanawha Co SD	
Assisting Officer's Name(s):					
J. W. EARY					
Reconstructed:		By Whom:		Date of Submission:	
<input type="radio"/> Yes <input checked="" type="radio"/> No				08/09/2019	

DOH Form: 17-dgrm
Revised: 02/2007

Page 3 of 16

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

[illegible]

NO DIAGRAM

State of West Virginia Uniform Traffic Crash Report

Vehicle Data

DOH Form: 17-veh
Revised: 02/2007

Crash Record Number: _____		Vehicle Number: 01		Reporting Agency's Record Number: 2019-00030673		Page 4 of 16		
Vehicle Type: <input checked="" type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment				Hit and Run: <input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input type="radio"/> Yes, Car and Driver Left Scene		Driver Presence at Time of Crash: <input type="radio"/> Driver Operated Vehicle <input type="radio"/> Driverless Vehicle		
Owner's Name(s): WHITE, THELMA CRYSTAL								
Address: 122 BRUCE ROAD KENNA WV 25248 (304) 532-8641								
Make	Model	Model Year	Body Type	Color	Registration Status:	Proof of Liability Insurance:	Ins. Co:	
TOYOTA	COROLLA	2008	SEDAN, 4-DOOR	WHITE	<input checked="" type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Req	STATE FARM	
VIN	Plate Class	License Plate Number	State	Reg Year				Policy No:
2T1BR32E28C913773	A	2PX470	WV	2020				1351589E0648
Special Function of Motor Vehicle:				Used as an Emergency Vehicle:	Vehicle Used as a Bus:		Ins. Agent Name or Phone	
<input checked="" type="radio"/> None <input type="radio"/> Police <input type="radio"/> Courtesy Patrol <input type="radio"/> Used as School Bus <input type="radio"/> Ambulance <input type="radio"/> Taxi <input type="radio"/> Used as Other Bus <input type="radio"/> Fire Truck <input type="radio"/> Military				<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Public School Bus <input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Private School Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Scheduled Service Bus <input type="radio"/> Modified for Personal/Private Use		304-372-9117	
Direction of Travel Before Crash:				Applicable Speed Limit (MPH):	Roadway Description:		Total Lanes in Roadway:	
<input checked="" type="radio"/> Northbound <input type="radio"/> Eastbound <input type="radio"/> Not on Road <input type="radio"/> Southbound <input type="radio"/> Westbound <input type="radio"/> Unknown				40	<input checked="" type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, Unprotected Median <input type="radio"/> Two-Way, Divided, with Median Barrier <input type="radio"/> One-Way Roadway		For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes) For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash.	
Traffic Control Device Type:				Horizontal Alignment:	Vertical Alignment:		Veh Travel Speed (MPH):	
<input checked="" type="radio"/> None <input type="radio"/> Yield Sign <input type="radio"/> Person (Flagger, etc.) <input type="radio"/> School Zone Signs <input type="radio"/> Traffic Control Signal <input type="radio"/> Warning Signs <input type="radio"/> Flashing Overhead Signal <input type="radio"/> Railroad Crossing Device <input type="radio"/> Stop Sign <input type="radio"/> Other				<input type="radio"/> Straight <input type="radio"/> Curve Right <input checked="" type="radio"/> Curve Left	<input checked="" type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Hillcrest <input type="radio"/> Downhill			
Traffic Control Functioning Properly: <input type="radio"/> Yes <input checked="" type="radio"/> No				Underride / Override:				
				<input checked="" type="radio"/> No Underride or Override <input type="radio"/> Underride, Compartment Intrusion <input type="radio"/> Underride, No Compartment Intrusion <input type="radio"/> Underride, Compartment Intrusion Unknown <input type="radio"/> Override, Motor Vehicle in Transport <input type="radio"/> Override, Other Motor Vehicle				
Vehicle Maneuver / Action:				Crash Avoidance Maneuver:		Contributing Circumstances, Motor Vehicle (Select up to 2):		
<input checked="" type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> Backing <input type="radio"/> Slowing <input type="radio"/> Changing Lanes <input type="radio"/> Stopped in Traffic <input type="radio"/> Overtaking / Passing <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Turning Right <input type="radio"/> Negotiating a Curve <input type="radio"/> Turning Left <input type="radio"/> Other				<input checked="" type="radio"/> None Evident or Reported <input type="radio"/> Braking - Skidmarks Evident <input type="radio"/> Braking - Driver Stated <input type="radio"/> Braking - Other Evidence <input type="radio"/> Steering - Evidence or Stated <input type="radio"/> Steering and Braking <input type="radio"/> Other		<input checked="" type="radio"/> None <input type="radio"/> Tires <input type="radio"/> Brakes <input type="radio"/> Wheels <input type="radio"/> Wipers <input type="radio"/> Lights (Head, Signal, Tail, etc.) <input type="radio"/> Steering <input type="radio"/> Windows <input type="radio"/> Power Train <input type="radio"/> Truck Coupling/Trailer Hitch/Safety Chains <input type="radio"/> Mirrors <input type="radio"/> Suspension <input type="radio"/> Other		
Displaying Hazardous Materials Placard:				Occurrence of Fire:		Modified Vehicle:		
<input checked="" type="radio"/> No <input type="radio"/> Yes				<input checked="" type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		<input checked="" type="radio"/> No <input type="radio"/> Yes		
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce:				Manner, in which Vehicle was Removed from Scene:				
<input checked="" type="radio"/> No <input type="radio"/> Yes				<input checked="" type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene				
Towed to: CHARLESTON AUTO				Towed by: CHARLESTON AUTO				

KCS00004

Crash Record Number: _____ Vehicle Number: 01 Reporting Agency's Record Number: 2019-00030673 Page 5 of 16

Crash Events: 01 Overturn / Rollover 02 Fire / Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss or Shift 06 Equipment Failure 07 Separation of Units 08 Ran Off Road Right 09 Ran Off Road Left	10 Cross Median / Centerline 11 Downhill Runaway 12 Fell / Jumped from Motor Vehicle 13 Thrown or Falling Object 14 Other Non-Collision COLLISION WITH: 15 Pedestrian 16 Pedalcycle 17 Railroad Vehicle 18 Animal	19 Motor Vehicle in Transport 20 Parked Motor Vehicle 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh 22 Work Zone / Maintenance Equip 23 Other Non-Fixed Object 24 Impact Attenuator / Crash Cushion 25 Bridge/Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Culvert	29 Curb 30 Ditch 31 Embankment 32 Guardrail Face 33 Guardrail End 34 Cable Median Barrier 35 Concrete Barrier 36 Other Traffic Barrier 37 Tree (Standing) 38 Utility Pole / Light Support	39 Traffic Sign Support 40 Traffic Signal Support 41 Other Post, Pole, or Support 42 Fence 43 Mailbox 44 Other Fixed Object Sequence of Events: _____ Most Harmful Event: <u>19</u>
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Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

<input checked="" type="radio"/> Single Unit Vehicle <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Motorcycle <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> ATV <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Pass. Veh. Towing Unit <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Bus <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Tractor Trailer <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage
---	---	--	---	--	--

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: _____ Most Damaged Area: 12

Number of Trailing Units: 0

Trailing Unit #1: ☒ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: ☒ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: ☒ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

- ☒ None
☐ Work Zone / Maintenance Equipment
☐ Impact Attenuator / Crash Cushion
☐ Bridge / Tunnel
☐ Culvert
☐ Guardrail
☐ Concrete Barrier
☐ Cable Median Barrier
☐ Other Traffic Barrier
☐ Utility Pole / Light Support #: _____
☐ Traffic Sign Support
☐ Traffic Signal Support
☐ Other Post, Pole or Support
☐ Fence
☐ Mailbox
☐ Other Fixed Object

Damaged Property Owner(s):

- ☐ WVDOH ☐ Private
☐ City ☐ Utility Company
☐ Other: _____

Damaged Property Location:

- ☒ On Pavement
☐ Right Side of Road
☐ Left Side of Road



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) 01 Page 6 of 16Reporting Agency's Record Number: 2019-00030673Driver's Name: WHITE THELMA CRYSTAL
Last First Middle SuffixAddress: ☐ Same as Veh Owner 122 BRUCE ROAD KENNA WV 25248
City State Zip CodeHome Phone: (304) 532-8641 Other Phone:

Driving License:

License Type:

- ☐ Not Licensed ☐ GDL Level 1 ☐ CDL Instruction Permit ☐ CDL Class:
☒ Driving License ☐ GDL Level 2 ☐ Motorcycle Instruction Permit ☐ A ☐ B ☐ C
☐ Instruction Permit ☐ GDL Level 3 ☐ Motorcycle Only

Issuing State: WVLic. Number: E210348Date of Birth:

License Restrictions: (Select All that Apply)

- ☒ None ☐ Limited - Other
☐ Corrective Lenses ☐ CDL Intrastate Only
☐ Mechanical Devices ☐ Motor Vehicles w/o Air Brakes
☐ Prosthetic Aid ☐ Military Vehicles Only
☐ Automatic Transmission ☐ Except Class A Bus
☐ Outside Mirror ☐ Except Class A and Class B Bus
☐ Limit to Daylight Only ☐ Except Tractor - Trailer
☐ Limit to Employment ☐ Farm Waiver
☐ Must Be Accompanied by Adult ☐ Other

Endorsements: (Select Up to 5)

- ☒ None
☐ T - Double/Triple Trailers
☐ P - Passenger Vehicle
☐ S - School Bus
☐ N - Tank Vehicle
☐ H - Hazardous Materials
☐ X - Combined Tank / Haz. Materials
☐ F - Motorcycle (WV Only)
☐ Other - Non-WV Licenses Only

Status:

- ☒ Valid
☐ Expired
☐ Suspended
☐ Revoked
☐ Probation
☐ Surrendered
☐ Valid/Interlock
☐ Fraudulent

Driver Condition at Time of Crash:

- ☒ Apparently Normal
☐ Emotional
☐ III
☐ Fell Asleep, Fainted, Fatigued
☐ Under the Influence of Medication/Alcohol/Drugs
☐ Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- ☐ None ☐ Improper Turn ☐ Operated Veh in Aggressive Manner
☐ Ran Off Road ☐ Improper Backing
☐ Failed to Yield Right of Way ☐ Improper Passing
☐ Disregarded Traffic Signs ☐ Wrong Side or Wrong Way
☐ Ran Red Light ☐ Followed Too Closely
☐ Disregarded Other Road Markings ☒ Failed to Keep in Proper Lane
☐ Exceeded Posted Speed Limit ☐ Operated Veh in Erratic, Reckless, or Careless Manner
☐ Drove Too Fast For Conditions

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Alcohol Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused

Type of Alcohol Test Given (Select Up to 2):

- ☐ Blood ☐ Breath ☐ Urine
☐ Serum ☐ Field ☐ Other:

PBT Results:

- ☐ Pass
☐ Fail

BAC Results:

- ☐
☐ Pending
☐ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Drug Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused
☐ Unknown if Tested

Type of Drug Test Given:

- ☐ Blood ☐ DRE
☐ Serum
☐ Urine
☐ Other

Drug Test Results (Check All that Apply):

- ☐ None ☐ Amphetamine ☐ Pending
☐ Marijuana ☐ PCP
☐ Cocaine ☐ Other Controlled Substance
☐ Opiate ☐ Other Drug

Driver Distracted By:

- ☒ Not Distracted ☐ Other Electronic Device ☐ Other Outside Vehicle
☐ Electronic Communication Device ☐ Other Inside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page)

01

Page of

Reporting Agency's Record Number: 2019-00030673

Known or Suspected Violation(s) by Driver:

☐ No Violations**Reckless/Careless/Hit and Run Type Offenses**

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

Impairment Offenses

- ☐ Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- ☐ Driving While Impaired
- ☐ Driving Under Influence of Controlled Substance
- ☐ Driving Under Influence of Non-Controlled Substance
- ☐ Drinking While Operating
- ☐ Illegal Possession of Alcohol or Drugs
- ☐ Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- ☐ Refusal to Submit to Chemical Test

Speed Related Offenses

- ☒ Failure to Maintain Control of Vehicle
- ☐ Racing
- ☐ Speeding (Above Speed Limit)
- ☐ Speed Greater than Reasonable and Prudent
- ☐ Exceeding Special Limit
- ☐ Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- ☐ Failure to Stop for Red Signal
- ☐ Failure to Stop for Flashing Red Signal
- ☐ Violation of Turn on Red
- ☐ Failure to Obey Flashing Signal (Yellow or Red)
- ☐ Failure to Obey Signal, Generally
- ☐ Violation of RR Grade Crossing Device or Regulations
- ☐ Failure to Obey Stop Sign
- ☐ Failure to Obey Yield Sign
- ☐ Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- ☐ Unsafe or Prohibited Lane Change
- ☐ Improper Use of Lane
- ☐ Certain Traffic to Use Right Lane
- ☒ Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- ☐ Driving Wrong Way on One-Way Road
- ☐ Driving on Left, Wrong Side of Road, Generally
- ☐ Improper, Unsafe Passing
- ☐ Passing on Right (Drive Off of Pavement to Pass)
- ☐ Passed Stopped School Bus
- ☐ Failure to Give Way When Overtaken
- ☐ Following Too Closely
- ☐ Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- ☐ Turn in Violation of Traffic Control
- ☐ Improper Method and Position of Turn
- ☐ Failure to Signal for Turn or Stop
- ☐ Failure to Yield to Emergency Vehicle
- ☐ Failure to Yield, Generally
- ☐ Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- ☐ Driving While License Suspended or Revoked
- ☐ Other Driver License Restrictions
- ☐ Commercial Driver Violations
- ☐ Vehicle Registration Violations
- ☐ Failure to Carry Insurance Card
- ☐ Driving Uninsured Vehicle
- ☐ Non-Moving Violations, Generally

Equipment

- ☐ Lamp Violations
- ☐ Brake Violations
- ☐ Failure to Require Restraint Use
- ☐ Motorcycle Equipment Violations
- ☐ Violation of Hazardous Cargo Regulations
- ☐ Size, Weight, Load Violations
- ☐ Equipment Violations, Generally

Other Violations

- ☐ Parking
- ☐ Theft, Unauthorized Use of Motor Vehicle
- ☐ Driving Where Prohibited
- ☐ Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

STATEMENT OF DRIVER:

DUE TO DRIVER'S MEDICAL CONDITION, SHE WAS UNABLE TO SPEAK TO PROVIDE A RECORDED STATEMENT.

State of West Virginia Uniform Traffic Crash Report Vehicle Data

DOH Form: 17-veh
Revised: 02/2007

Crash Record Number: _____		Vehicle Number: 02		Reporting Agency's Record Number: 2019-00030673		Page 8 of 16		
Vehicle Type: <input checked="" type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment				Hit and Run: <input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input type="radio"/> Yes, Car and Driver Left Scene		Driver Presence at Time of Crash: <input type="radio"/> Driver Operated Vehicle <input type="radio"/> Driverless Vehicle		
Owner's Name(s): PISON MANAGEMENT								
Address: 717 BRAWLEY WALKWAY CHARLESTON WV 25301 (304) 342-2766								
Make	Model	Model Year	Body Type	Color	Registration Status:	Proof of Liability Insurance:	Ins. Co:	
CHEVROLET	SILVERADO	2004	PICKUP	BLUE	<input checked="" type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Req	ERIE	
VIN	Plate Class	License Plate Number	State	Reg Year				Policy No:
1GCHK24U64E104071	A	2RF684	WV	2020				Q025830178W
Special Function of Motor Vehicle:			Used as an Emergency Vehicle:	Vehicle Used as a Bus:		Ins. Agent Name or Phone		
<input checked="" type="radio"/> None <input type="radio"/> Police <input type="radio"/> Courtesy Patrol <input type="radio"/> Used as School Bus <input type="radio"/> Ambulance <input type="radio"/> Taxi <input type="radio"/> Used as Other Bus <input type="radio"/> Fire Truck <input type="radio"/> Military			<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Public School Bus <input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Private School Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Scheduled Service Bus <input type="radio"/> Modified for Personal/Private Use		3049266662		
Direction of Travel Before Crash:			Applicable Speed Limit (MPH):	Roadway Description:		Total Lanes in Roadway:		
<input checked="" type="radio"/> Northbound <input type="radio"/> Eastbound <input type="radio"/> Not on Road <input type="radio"/> Southbound <input type="radio"/> Westbound <input type="radio"/> Unknown			40	<input checked="" type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, Unprotected Median <input type="radio"/> Two-Way, Not Divided w/ Cont. Left Turn Lane <input type="radio"/> Two-Way, Divided, with Median Barrier <input type="radio"/> One-Way Roadway		For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes) For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash.		
Traffic Control Device Type:			Horizontal Alignment:	Vertical Alignment:		Veh Travel Speed (MPH):		
<input checked="" type="radio"/> None <input type="radio"/> Yield Sign <input type="radio"/> Person (Flagger, etc.) <input type="radio"/> School Zone Signs <input type="radio"/> Traffic Control Signal <input type="radio"/> Warning Signs <input type="radio"/> Flashing Overhead Signal <input type="radio"/> Railroad Crossing Device <input type="radio"/> Stop Sign <input type="radio"/> Other			<input type="radio"/> Straight <input type="radio"/> Curve Right <input type="radio"/> Curve Left	<input checked="" type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Hillcrest <input type="radio"/> Downhill		2		
Traffic Control Functioning Properly: <input type="radio"/> Yes <input type="radio"/> No			Underride / Override:		Extent of Damage:			
			<input checked="" type="radio"/> No Underride or Override <input type="radio"/> Underride, Compartment Intrusion Unknown <input type="radio"/> Underride, Compartment Intrusion <input type="radio"/> Override, Motor Vehicle in Transport <input type="radio"/> Underride, No Compartment Intrusion <input type="radio"/> Override, Other Motor Vehicle		<input checked="" type="radio"/> No Damage <input type="radio"/> Minor Damage <input type="radio"/> Functional Damage <input type="radio"/> Disabling Damage			
Vehicle Maneuver / Action:		Crash Avoidance Maneuver:		Contributing Circumstances, Motor Vehicle (Select up to 2):		GVWR or GCWR:		
<input checked="" type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> Backing <input type="radio"/> Slowing <input type="radio"/> Changing Lanes <input type="radio"/> Stopped in Traffic <input type="radio"/> Overtaking / Passing <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Turning Right <input type="radio"/> Negotiating a Curve <input type="radio"/> Turning Left <input type="radio"/> Other		<input checked="" type="radio"/> None Evident or Reported <input type="radio"/> Braking - Skidmarks Evident <input type="radio"/> Braking - Driver Stated <input type="radio"/> Braking - Other Evidence <input type="radio"/> Steering - Evidence or Stated <input type="radio"/> Steering and Braking <input type="radio"/> Other		<input checked="" type="radio"/> None <input type="radio"/> Tires <input type="radio"/> Brakes <input type="radio"/> Wheels <input type="radio"/> Wipers <input type="radio"/> Lights (Head, Signal, Tail, etc.) <input type="radio"/> Steering <input type="radio"/> Windows <input type="radio"/> Power Train <input type="radio"/> Truck Coupling/Trailer Hitch/Safety Chains <input type="radio"/> Mirrors <input type="radio"/> Suspension <input type="radio"/> Other		<input checked="" type="radio"/> Less Than or Equal To 10,000lbs <input type="radio"/> 10,001 - 26,000 lbs <input type="radio"/> More Than 26,000lbs		
Displaying Hazardous Materials Placard:		Occurrence of Fire:	Modified Vehicle:	Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce:		Manner, in which Vehicle was Removed from Scene:		
<input checked="" type="radio"/> No <input type="radio"/> Yes		<input checked="" type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Driven <input checked="" type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		
				Towed to: CHARLESTON AUTO		Towed by: CHARLESTON AUTO		

KCS00008

Crash Record Number: _____ Vehicle Number: 02 Reporting Agency's Record Number: 2019-00030673 Page 9 of 16

Crash Events: 01 Overturn / Rollover 02 Fire / Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss or Shift 06 Equipment Failure 07 Separation of Units 08 Ran Off Road Right 09 Ran Off Road Left	10 Cross Median / Centerline 11 Downhill Runaway 12 Fell / Jumped from Motor Vehicle 13 Thrown or Falling Object 14 Other Non-Collision COLLISION WITH: 15 Pedestrian 16 Pedalcycle 17 Railroad Vehicle 18 Animal	19 Motor Vehicle in Transport 20 Parked Motor Vehicle 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh 22 Work Zone / Maintenance Equip 23 Other Non-Fixed Object 24 Impact Attenuator / Crash Cushion 25 Bridge/Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Culvert	29 Curb 30 Ditch 31 Embankment 32 Guardrail Face 33 Guardrail End 34 Cable Median Barrier 35 Concrete Barrier 36 Other Traffic Barrier 37 Tree (Standing) 38 Utility Pole / Light Support	39 Traffic Sign Support 40 Traffic Signal Support 41 Other Post, Pole, or Support 42 Fence 43 Mailbox 44 Other Fixed Object Sequence of Events: <u>19</u> _____ Most Harmful Event: <u>19</u> _____
--	---	--	--	--

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

<input checked="" type="radio"/> Single Unit Vehicle <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Motorcycle <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> ATV <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Pass. Veh. Towing Unit <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Bus <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Tractor Trailer <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage
--	--	---	--	---	---

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: _____ Most Damaged Area: _____

Number of Trailing Units: 1

Trailing Unit #1: ☒ Same as Power Unit

Carrier / Owner's Name: SCOTT, JOHN

Address: 722 NORTH HILLS DR CHARLESTON WV 25387 Phone: (304) 926-6662

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type
4P7U610193F000530	T	T420387	WV	2020	LNW		2003	OPEN BODY

Trailing Unit #2: ☒ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: ☒ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

<input checked="" type="checkbox"/> None <input type="checkbox"/> Work Zone / Maintenance Equipment <input type="checkbox"/> Impact Attenuator / Crash Cushion <input type="checkbox"/> Bridge / Tunnel <input type="checkbox"/> Culvert <input type="checkbox"/> Guardrail <input type="checkbox"/> Concrete Barrier <input type="checkbox"/> Cable Median Barrier <input type="checkbox"/> Other Traffic Barrier <input type="checkbox"/> Utility Pole / Light Support #: _____ <input type="checkbox"/> Traffic Sign Support <input type="checkbox"/> Traffic Signal Support <input type="checkbox"/> Other Post, Pole or Support <input type="checkbox"/> Fence <input type="checkbox"/> Mailbox <input type="checkbox"/> Other Fixed Object

Damaged Property Owner(s):

<input type="checkbox"/> WVDOH <input type="checkbox"/> City <input type="checkbox"/> Other: _____	<input type="checkbox"/> Private <input type="checkbox"/> Utility Company
--	--

Damaged Property Location:

<input checked="" type="radio"/> On Pavement <input type="radio"/> Right Side of Road <input type="radio"/> Left Side of Road



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) 02 Page 10 of 16Reporting Agency's Record Number: 2019-00030673Driver's Name: ELDER DEMETRIUS S
Last First Middle SuffixAddress: ☐ Same as Veh Owner 5243 DALEWOOD DR LOT 186 CROSS LANES WV 25313
City State Zip CodeHome Phone: (304) 926-6662 Other Phone:

Driving License:

License Type:

- ☐ Not Licensed ☐ GDL Level 1 ☐ CDL Instruction Permit ☐ CDL Class: ☐ A ☐ B ☐ C
☒ Driving License ☐ GDL Level 2 ☐ Motorcycle Instruction Permit
☐ Instruction Permit ☐ GDL Level 3 ☐ Motorcycle Only

Issuing State: WV

Lic. Number: F822510

Date of Bi:

License Restrictions: (Select All that Apply)

- ☒ None ☐ Limited - Other
☐ Corrective Lenses ☐ CDL Intrastate Only
☐ Mechanical Devices ☐ Motor Vehicles w/o Air Brakes
☐ Prosthetic Aid ☐ Military Vehicles Only
☐ Automatic Transmission ☐ Except Class A Bus
☐ Outside Mirror ☐ Except Class A and Class B Bus
☐ Limit to Daylight Only ☐ Except Tractor - Trailer
☐ Limit to Employment ☐ Farm Waiver
☐ Must Be Accompanied by Adult ☐ Other

Endorsements: (Select Up to 5)

- ☒ None
☐ T - Double/Triple Trailers
☐ P - Passenger Vehicle
☐ S - School Bus
☐ N - Tank Vehicle
☐ H - Hazardous Materials
☐ X - Combined Tank / Haz. Materials
☐ F - Motorcycle (WV Only)
☐ Other - Non-WV Licenses Only

Status:

- ☒ Valid
☐ Expired
☐ Suspended
☐ Revoked
☐ Probation
☐ Surrendered
☐ Valid/Interlock
☐ Fraudulent

Driver Condition at Time of Crash:

- ☒ Apparently Normal
☐ Emotional
☐ Ill
☐ Fell Asleep, Fainted, Fatigued
☐ Under the Influence of Medication/Alcohol/Drugs
☐ Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- ☒ None ☐ Improper Turn ☐ Operated Veh in Aggressive Manner
☐ Ran Off Road ☐ Improper Backing
☐ Failed to Yield Right of Way ☐ Improper Passing
☐ Disregarded Traffic Signs ☐ Wrong Side or Wrong Way
☐ Ran Red Light ☐ Followed Too Closely
☐ Disregarded Other Road Markings ☐ Failed to Keep in Proper Lane
☐ Exceeded Posted Speed Limit ☐ Operated Veh in Erratic, Reckless, or Careless Manner
☐ Drove Too Fast For Conditions ☐ Swerved or Avoided
☐ ☐ Over Correcting / Over Steering
☐ ☐ Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Alcohol Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused

Type of Alcohol Test Given (Select Up to 2):

- ☐ Blood ☐ Breath ☐ Urine
☐ Serum ☐ Field ☐ Other:

PBT Results:

- ☐ Pass
☐ Fail

BAC Results:

- ☐
☐ Pending
☐ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Drug Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused
☐ Unknown if Tested

Type of Drug Test Given:

- ☐ Blood ☐ DRE
☐ Serum
☐ Urine
☐ Other

Drug Test Results (Check All that Apply):

- ☐ None ☐ Amphetamine ☐ Pending
☐ Marijuana ☐ PCP
☐ Cocaine ☐ Other Controlled Substance
☐ Opiate ☐ Other Drug

Driver Distracted By:

- ☒ Not Distracted ☐ Other Electronic Device ☐ Other Outside Vehicle
☐ Electronic Communication Device ☐ Other Inside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of Reporting Agency's Record Number:

Known or Suspected Violation(s) by Driver:

☒ No ViolationsReckless/Careless/Hit and Run Type Offenses

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

Impairment Offenses

- ☐ Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- ☐ Driving While Impaired
- ☐ Driving Under Influence of Controlled Substance
- ☐ Driving Under Influence of Non-Controlled Substance
- ☐ Drinking While Operating
- ☐ Illegal Possession of Alcohol or Drugs
- ☐ Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- ☐ Refusal to Submit to Chemical Test

Speed Related Offenses

- ☐ Failure to Maintain Control of Vehicle
- ☐ Racing
- ☐ Speeding (Above Speed Limit)
- ☐ Speed Greater than Reasonable and Prudent
- ☐ Exceeding Special Limit
- ☐ Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- ☐ Failure to Stop for Red Signal
- ☐ Failure to Stop for Flashing Red Signal
- ☐ Violation of Turn on Red
- ☐ Failure to Obey Flashing Signal (Yellow or Red)
- ☐ Failure to Obey Signal, Generally
- ☐ Violation of RR Grade Crossing Device or Regulations
- ☐ Failure to Obey Stop Sign
- ☐ Failure to Obey Yield Sign
- ☐ Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- ☐ Unsafe or Prohibited Lane Change
- ☐ Improper Use of Lane
- ☐ Certain Traffic to Use Right Lane
- ☐ Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- ☐ Driving Wrong Way on One-Way Road
- ☐ Driving on Left, Wrong Side of Road, Generally
- ☐ Improper, Unsafe Passing
- ☐ Passing on Right (Drive Off of Pavement to Pass)
- ☐ Passed Stopped School Bus
- ☐ Failure to Give Way When Overtaken
- ☐ Following Too Closely
- ☐ Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- ☐ Turn in Violation of Traffic Control
- ☐ Improper Method and Position of Turn
- ☐ Failure to Signal for Turn or Stop
- ☐ Failure to Yield to Emergency Vehicle
- ☐ Failure to Yield, Generally
- ☐ Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- ☐ Driving While License Suspended or Revoked
- ☐ Other Driver License Restrictions
- ☐ Commercial Driver Violations
- ☐ Vehicle Registration Violations
- ☐ Failure to Carry Insurance Card
- ☐ Driving Uninsured Vehicle
- ☐ Non-Moving Violations, Generally

Equipment

- ☐ Lamp Violations
- ☐ Brake Violations
- ☐ Failure to Require Restraint Use
- ☐ Motorcycle Equipment Violations
- ☐ Violation of Hazardous Cargo Regulations
- ☐ Size, Weight, Load Violations
- ☐ Equipment Violations, Generally

Other Violations

- ☐ Parking
- ☐ Theft, Unauthorized Use of Motor Vehicle
- ☐ Driving Where Prohibited
- ☐ Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

STATEMENT OF DRIVER:

* REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh
Revised: 02/2007

Vehicle Data

Crash Record Number: _____		Vehicle Number: <u>03</u>		Reporting Agency's Record Number: <u>2019-00030673</u>		Page <u>12</u> of <u>16</u>	
Vehicle Type: <input checked="" type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment				Hit and Run: <input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input type="radio"/> Yes, Car and Driver Left Scene		Driver Presence at Time of Crash: <input type="radio"/> Driver Operated Vehicle <input type="radio"/> Driverless Vehicle	
Owner's Name(s): <u>HUFFMAN, RICK</u>							
Address: <u>301 RUCKER ST APT B</u>				<u>MADISON</u>	<u>WV</u>	<u>25130</u>	<u>(304) 601-6129</u>
Make: <u>DODGE</u>		Model: <u>CALIBER</u>		Model Year: <u>2007</u>		Body Type: <u>4H</u>	
Color: <u>SILVER</u>		Registration Status: <input checked="" type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required		Proof of Liability Insurance: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Req		Ins. Co: <u>W.V. NATIONAL AUTO</u>	
VIN: <u>1B3HB28B67D154826</u>		Plate Class: <u>A</u>		License Plate Number: <u>84H271</u>		State: <u>WV</u>	
Reg Year: <u>2020</u>		Used as an Emergency Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		Vehicle Used as a Bus: <input type="radio"/> Public School Bus <input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Private School Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Scheduled Service Bus <input type="radio"/> Modified for Personal/Private Use		Ins. Agent Name or Phone: <u>304-296-0507</u>	
Special Function of Motor Vehicle: <input checked="" type="radio"/> None <input type="radio"/> Police <input type="radio"/> Courtesy Patrol <input type="radio"/> Used as School Bus <input type="radio"/> Ambulance <input type="radio"/> Taxi <input type="radio"/> Used as Other Bus <input type="radio"/> Fire Truck <input type="radio"/> Military		Used as an Emergency Vehicle: <input type="radio"/> No <input checked="" type="radio"/> Yes		Vehicle Used as a Bus: <input type="radio"/> Public School Bus <input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Private School Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Scheduled Service Bus <input type="radio"/> Modified for Personal/Private Use		Vehicle Impact Role: <input type="radio"/> Striking <input type="radio"/> Single Vehicle <input checked="" type="radio"/> Struck <input type="radio"/> Both	
Direction of Travel Before Crash: <input checked="" type="radio"/> Northbound <input type="radio"/> Eastbound <input type="radio"/> Not on Road <input type="radio"/> Southbound <input type="radio"/> Westbound <input type="radio"/> Unknown		Applicable Speed Limit (MPH): <u>40</u>		Roadway Description: <input checked="" type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, Unprotected Median <input type="radio"/> Two-Way, Divided, with Median Barrier <input type="radio"/> One-Way Roadway		Total Lanes in Roadway: <u>2</u>	
Traffic Control Device Type: <input checked="" type="radio"/> None <input type="radio"/> Yield Sign <input type="radio"/> Person (Flagger, etc.) <input type="radio"/> School Zone Signs <input type="radio"/> Traffic Control Signal <input type="radio"/> Warning Signs <input type="radio"/> Flashing Overhead Signal <input type="radio"/> Railroad Crossing Device <input type="radio"/> Stop Sign <input type="radio"/> Other		Horizontal Alignment: <input type="radio"/> Straight <input checked="" type="radio"/> Curve Right <input type="radio"/> Curve Left		Vertical Alignment: <input type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Hillcrest <input type="radio"/> Downhill		Veh Travel Speed (MPH): _____	
Traffic Control Functioning Properly: <input type="radio"/> Yes <input checked="" type="radio"/> No		Underride / Override: <input checked="" type="radio"/> No Underride or Override <input type="radio"/> Underride, Compartment Intrusion <input type="radio"/> Underride, No Compartment Intrusion <input type="radio"/> Underride, Compartment Intrusion Unknown <input type="radio"/> Override, Motor Vehicle in Transport <input type="radio"/> Override, Other Motor Vehicle		Extent of Damage: <input type="radio"/> No Damage <input type="radio"/> Minor Damage <input type="radio"/> Functional Damage <input type="radio"/> Disabling Damage			
Vehicle Maneuver / Action: <input checked="" type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> Backing <input type="radio"/> Slowing <input type="radio"/> Changing Lanes <input type="radio"/> Stopped in Traffic <input type="radio"/> Overtaking / Passing <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Turning Right <input type="radio"/> Negotiating a Curve <input type="radio"/> Turning Left <input type="radio"/> Other		Crash Avoidance Maneuver: <input checked="" type="radio"/> None Evident or Reported <input type="radio"/> Braking - Skidmarks Evident <input type="radio"/> Braking - Driver Stated <input type="radio"/> Braking - Other Evidence <input type="radio"/> Steering - Evidence or Stated <input type="radio"/> Steering and Braking <input type="radio"/> Other		Contributing Circumstances, Motor Vehicle (Select up to 2): <input checked="" type="checkbox"/> None <input type="checkbox"/> Tires <input type="checkbox"/> Brakes <input type="checkbox"/> Wheels <input type="checkbox"/> Wipers <input type="checkbox"/> Lights (Head, Signal, Tail, etc.) <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Power Train <input type="checkbox"/> Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> Mirrors <input type="checkbox"/> Suspension <input type="checkbox"/> Other		GVWR or GCWR: <input checked="" type="radio"/> Less Than or Equal To 10,000lbs <input type="radio"/> 10,001 - 26,000 lbs <input type="radio"/> More Than 26,000lbs	
Displaying Hazardous Materials Placard: <input checked="" type="radio"/> No <input type="radio"/> Yes		Occurrence of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input type="radio"/> Yes		Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input checked="" type="radio"/> Yes	
Manner, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input checked="" type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene		Towed to: <u>CHARLESTON AUTO</u>		Towed by: <u>CHARLESTON AUTO</u>			

Crash Record Number: _____ Vehicle Number: 03 Reporting Agency's Record Number: 2019-00030673 Page 13 of 16

Crash Events: 01 Overturn / Rollover 02 Fire / Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss or Shift 06 Equipment Failure 07 Separation of Units 08 Ran Off Road Right 09 Ran Off Road Left	10 Cross Median / Centerline 11 Downhill Runaway 12 Fell / Jumped from Motor Vehicle 13 Thrown or Falling Object 14 Other Non-Collision COLLISION WITH: 15 Pedestrian 16 Pedalcycle 17 Railroad Vehicle 18 Animal	19 Motor Vehicle in Transport 20 Parked Motor Vehicle 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh 22 Work Zone / Maintenance Equip 23 Other Non-Fixed Object 24 Impact Attenuator / Crash Cushion 25 Bridge/Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Culvert	29 Curb 30 Ditch 31 Embankment 32 Guardrail Face 33 Guardrail End 34 Cable Median Barrier 35 Concrete Barrier 36 Other Traffic Barrier 37 Tree (Standing) 38 Utility Pole / Light Support	39 Traffic Sign Support 40 Traffic Signal Support 41 Other Post, Pole, or Support 42 Fence 43 Mailbox 44 Other Fixed Object Sequence of Events: <u>19</u> _____ Most Harmful Event: <u>19</u>
--	---	--	--	--

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

<input checked="" type="radio"/> Single Unit Vehicle <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Motorcycle <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> ATV <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Pass. Veh, Towing Unit <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Bus <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Tractor Trailer <input type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage
---	---	--	---	--	--

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: 12 Most Damaged Area: 12

Number of Trailing Units: 0

Trailing Unit #1: ☒ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VIN: _____ Plate Class: _____ License Plate Number: _____ State: _____ Year: _____ Make: _____ Model: _____ Model Year: _____ Body Type: _____

Trailing Unit #2: ☒ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VIN: _____ Plate Class: _____ License Plate Number: _____ State: _____ Year: _____ Make: _____ Model: _____ Model Year: _____ Body Type: _____

Trailing Unit #3: ☒ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VIN: _____ Plate Class: _____ License Plate Number: _____ State: _____ Year: _____ Make: _____ Model: _____ Model Year: _____ Body Type: _____

Property Damaged Other Than Vehicles:

- ☒ None
☐ Work Zone / Maintenance Equipment
☐ Impact Attenuator / Crash Cushion
☐ Bridge / Tunnel
☐ Culvert
☐ Guardrail
☐ Concrete Barrier
☐ Cable Median Barrier
☐ Other Traffic Barrier
☐ Utility Pole / Light Support #: _____
☐ Traffic Sign Support
☐ Traffic Signal Support
☐ Other Post, Pole or Support
☐ Fence
☐ Mailbox
☐ Other Fixed Object

Damaged Property Owner(s):

- ☐ WVDOH ☐ Private
☐ City ☐ Utility Company
☐ Other: _____

Damaged Property Location:

- ☒ On Pavement
☐ Right Side of Road
☐ Left Side of Road



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of Reporting Agency's Record Number: Driver's Name:
Last First Middle SuffixAddress: ☒ Same as Veh Owner
City State Zip CodeHome Phone: Other Phone:

Driving License:

License Type:

- ☐ Not Licensed ☐ GDL Level 1 ☐ CDL Instruction Permit
☒ Driving License ☐ GDL Level 2 ☐ Motorcycle Instruction Permit
☐ Instruction Permit ☐ GDL Level 3 ☐ Motorcycle Only

CDL Class: ☐ A ☐ B ☐ CIssuing State: Lic. Number: Date of Birth:

License Restrictions: (Select All that Apply)

- ☒ None ☐ Limited - Other
☐ Corrective Lenses ☐ CDL Intrastate Only
☐ Mechanical Devices ☐ Motor Vehicles w/o Air Brakes
☐ Prosthetic Aid ☐ Military Vehicles Only
☐ Automatic Transmission ☐ Except Class A Bus
☐ Outside Mirror ☐ Except Class A and Class B Bus
☐ Limit to Daylight Only ☐ Except Tractor - Trailer
☐ Limit to Employment ☐ Farm Waiver
☐ Must Be Accompanied by Adult ☐ Other

Endorsements: (Select Up to 5)

- ☒ None
☐ T - Double/Triple Trailers
☐ P - Passenger Vehicle
☐ S - School Bus
☐ N - Tank Vehicle
☐ H - Hazardous Materials
☐ X - Combined Tank / Haz. Materials
☐ F - Motorcycle (WV Only)
☐ Other - Non-WV Licenses Only

Status:

- ☒ Valid
☐ Expired
☐ Suspended
☐ Revoked
☐ Probation
☐ Surrendered
☐ Valid/Interlock
☐ Fraudulent

Driver Condition at Time of Crash:

- ☒ Apparently Normal
☐ Emotional
☐ Ill
☐ Fell Asleep, Fainted, Fatigued
☐ Under the Influence of Medication/Alcohol/Drugs
☐ Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- ☒ None ☐ Improper Turn ☐ Operated Veh in Aggressive Manner
☐ Ran Off Road ☐ Improper Backing
☐ Failed to Yield Right of Way ☐ Improper Passing ☐ Swerved or Avoided
☐ Disregarded Traffic Signs ☐ Wrong Side or Wrong Way ☐ Over Correcting / Over Steering
☐ Ran Red Light ☐ Followed Too Closely
☐ Disregarded Other Road Markings ☐ Failed to Keep in Proper Lane ☐ Other Improper Action
☐ Exceeded Posted Speed Limit ☐ Operated Veh in Erratic, Reckless, or Careless Manner
☐ Drove Too Fast For Conditions

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Alcohol Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused

Type of Alcohol Test Given (Select Up to 2):

- ☐ Blood ☐ Breath ☐ Urine
☐ Serum ☐ Field ☐ Other:

PBT Results:

- ☐ Pass
☐ Fail

BAC Results:

- ☐
☐ Pending
☐ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- ☒ No
☐ Yes
☐ Unknown

Drug Test Given:

- ☐ Test Given
☐ None Given
☐ Test Refused
☐ Unknown if Tested

Type of Drug Test Given:

- ☐ Blood ☐ DRE
☐ Serum
☐ Urine
☐ Other:

Drug Test Results (Check All that Apply):

- ☐ None ☐ Amphetamine ☐ Pending
☐ Marijuana ☐ PCP
☐ Cocaine ☐ Other Controlled Substance
☐ Opiate ☐ Other Drug

Driver Distracted By:

- ☒ Not Distracted ☐ Other Electronic Device ☐ Other Outside Vehicle
☐ Electronic Communication Device ☐ Other Inside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of Reporting Agency's Record Number:

Known or Suspected Violation(s) by Driver:

☒ No Violations**Reckless/Careless/Hit and Run Type Offenses**

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

Impairment Offenses

- ☐ Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- ☐ Driving While Impaired
- ☐ Driving Under Influence of Controlled Substance
- ☐ Driving Under Influence of Non-Controlled Substance
- ☐ Drinking While Operating
- ☐ Illegal Possession of Alcohol or Drugs
- ☐ Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- ☐ Refusal to Submit to Chemical Test

Speed Related Offenses

- ☐ Failure to Maintain Control of Vehicle
- ☐ Racing
- ☐ Speeding (Above Speed Limit)
- ☐ Speed Greater than Reasonable and Prudent
- ☐ Exceeding Special Limit
- ☐ Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- ☐ Failure to Stop for Red Signal
- ☐ Failure to Stop for Flashing Red Signal
- ☐ Violation of Turn on Red
- ☐ Failure to Obey Flashing Signal (Yellow or Red)
- ☐ Failure to Obey Signal, Generally
- ☐ Violation of RR Grade Crossing Device or Regulations
- ☐ Failure to Obey Stop Sign
- ☐ Failure to Obey Yield Sign
- ☐ Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- ☐ Unsafe or Prohibited Lane Change
- ☐ Improper Use of Lane
- ☐ Certain Traffic to Use Right Lane
- ☐ Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- ☐ Driving Wrong Way on One-Way Road
- ☐ Driving on Left, Wrong Side of Road, Generally
- ☐ Improper, Unsafe Passing
- ☐ Passing on Right (Drive Off of Pavement to Pass)
- ☐ Passed Stopped School Bus
- ☐ Failure to Give Way When Overtaken
- ☐ Following Too Closely
- ☐ Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- ☐ Turn in Violation of Traffic Control
- ☐ Improper Method and Position of Turn
- ☐ Failure to Signal for Turn or Stop
- ☐ Failure to Yield to Emergency Vehicle
- ☐ Failure to Yield, Generally
- ☐ Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- ☐ Driving While License Suspended or Revoked
- ☐ Other Driver License Restrictions
- ☐ Commercial Driver Violations
- ☐ Vehicle Registration Violations
- ☐ Failure to Carry Insurance Card
- ☐ Driving Uninsured Vehicle
- ☐ Non-Moving Violations, Generally

Equipment

- ☐ Lamp Violations
- ☐ Brake Violations
- ☐ Failure to Require Restraint Use
- ☐ Motorcycle Equipment Violations
- ☐ Violation of Hazardous Cargo Regulations
- ☐ Size, Weight, Load Violations
- ☐ Equipment Violations, Generally

Other Violations

- ☐ Parking
- ☐ Theft, Unauthorized Use of Motor Vehicle
- ☐ Driving Where Prohibited
- ☐ Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

STATEMENT OF DRIVER:

* REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.

State of West Virginia Uniform Traffic Crash Report
Driver and Vehicle Passenger Data

DOH Form: 17-pas
Revised: 02/2007

Crash Record Number:

Reporting Agency's Record Number:

Page of

Indiv #	Name				Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Init	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet
01	WHITE	THELMA	CRYSTA		01	01				F	B	1	1		01		
02	ELDER	DEMETRIUS	S		02	01				M	O	1	1		02	03	
03	HUFFMAN	RICK	L		03	01				M	B	1	1		01	03	
04	COOPER	JAMES	S		03	02				M	B	1	3		01	03	

Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

Gender:

- M Male
- F Female

Injury Status Codes:

- A Incapacitating Injury
- B Non-Incapacitating Injury
- C Possible Injury
- M Medical Condition Non-Crash Related Death or Injury
- K Killed
- O No Injury

Seating Position Codes:

ROW	SEAT	OTHER
1 Front	1 Left	1 Sleeper Section of Cab
2 Second	2 Middle	2 Other Enclosed Cargo Area
3 Third	3 Right	3 Unenclosed Cargo Area
4 Fourth	4 Other	4 Trailing Unit
5 Other Row	5 Unknown	5 Riding on Motor Vehicle Exterior
6 Unknown		6 Unknown

Type of Occupant Protection System Used Codes:

- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing
- 07 Booster Seat
- 08 Helmet Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine - Due to Vehicle Damage

Proper Use of Occupant Protection:

- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

DOT Approved Helmet:

- 01 Yes
- 02 No
- 03 Unknown

Indiv # from Above	Air-bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	01	01	01		02	K132	2019-00018094	C.A.M.C. GENERAL HOSPITAL	0753	0808	0835			
02	05	01	01											
03	01	01	01		02	K91	2019-00018094	C.A.M.C. GENERAL HOSPITAL	0746	0751	0815			
04	01	01	01		02	K104	2019-00018094	C.A.M.C. GENERAL HOSPITAL	0800	0817	0850			

Airbag Deployed Codes:

- DEPLOYED (This Seat):**
- 01 Front
- 02 Side
- 03 Other
- 04 Multiple Directions (Front and Side)
- 10 Unable to Determine - Due to Vehicle Damage
- NOT DEPLOYED (This Seat):**
- 05 Available, Didn't Deploy
- 06 Available, Turned Off
- 07 None Installed
- 08 Previously Deployed - Not Replaced
- 09 Disabled or Removed

Trapped / Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

Ejection Path:

- 01 Thru Side Door Opening
- 02 Thru Side Window
- 03 Thru Windshield
- 04 Thru Back Window
- 05 Thru Back Door / Tailgate Opening
- 06 Thru Roof Opening
- 07 Thru Convertible (Top Up) Roof
- 08 Other Path
- 09 Unknown Path

Medically Transported By:

- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

Place of Victim's Death:

- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other